mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harvard	Registration Dist. No. 195
Village or City Hear Lamel hu	NoSt., Ward
Length of residence in city of toys) where death occurred 4 / yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. bow fong in U.S. if of foreign birth?yrsmosds.
1 / ma at E . H/	4 - 11
2. FULL NAME CLUSTER COURSE	If U. S. Veteran, specify WAR
(a) Residence: No. O audit (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (drite the word) Macle Married Married Married Married Married Married Married	21. DATE OF DEATH March. 9, 193 7, (Month) (Mar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maluel Deall	1 HEREBY CERTIFY, That I attended daceased from Cultury 15, 1937, to 2001. 9 1937
6. DATE OF BIRTH (month, day, and year) July 11, 1875	last saw h Les Stive on May: 7, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at & m.
61 7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
2 Trade profession or particular	Date of onset
SAMIER, BUUNNEEPEN, GIC.	(archis- Turbular renal
S-Mndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	- Alana - O
11. Total time (years) this occupation (month and	onder C
this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) hear facel	Other Contributory Causes of importance:
(State or country) a Naward. W	
13. NAME (July I deall	
14. BIRTHPLACE (city or town) - House & Control & Contro	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MATOEN NAME Auna denn	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) many land	Accident, suicide, or homicide?
(State or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT MAN A Balling Weller (Address) havel, we.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CDEMATION, OR REMOVAL	Manner of injury
Place Date Date Date 1987	Nature of injury
19. UNDERTAKER De Miss Honaldson (Address)	24. Was disease or injury in any way related to occupation of dacassad? NO
20. FILED 3/11/37, 19 March Shiples Registrar.	(Signed) The hancally M. D. (Address) Brusse had
If more blanks are needed address Serie David	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
SURFAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03056				
1. PLACE OF DEATH	119				
County /forward	Registration Dist. No. 190				
Village or City Elferidge	No. St., Ward				
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign hirth?				
2. FULL NAME Franklin Henry Co	alr b.				
(a) Residence: No. Lunding Roold:	St., Ward.				
(V sual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from 21, 1977, to Mel 21, 1977				
6. DATE OF BIRTH (month, day, and year) Nov 21 1936	I lest sew has alive on Arch 21, 1977; deeth is seid				
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.35 m.				
4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cente Clis colotro 3/15/3				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and					
10. Date deceased last worked at this occupation (month and year)					
unit bookt	Other Contributory Causes of Importance:				
12. BIRTHPLACE (city or town) (State or country) (State or country)					
13. NAME Franklin Hanny Congle					
14. BIRTHPLACE (city or town) Ella elle	Name of operation. Date of				
(State of contict)	Whet test confirmed diagnosis? Stooly Wes there en autopsy?				
15. MAIDEN NAME Evelyn Violo Michaelso	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
16. BIRTHPLACE (city or town) Balling Colon (State or country)	Accident, suicide, or homicide? Date of injury, 19				
(State or country)	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT Evelya Coge molt	Specify whether injury occurred In INDÚSTRY, In HOME, or In PUBLIC PLACE.				
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Labour.				
Place suremo amelay Date 3/22, 1937	Manner of injury				
19. UNDERTAKER Man amployed	24. Was disease or injury in any way related to occupation of deceased?				
20. FILED March 22 193 mais 2 - Krid N/D	If so, specify				
Registrar.	(Address) Elpridge pro				
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1		Example II	
Date of onset	The principal cause of importance were	Date of onset	
1915	Attack of epilepsy	0.14	1 week ago
1921	Run over by street car	788F (341	1 weck ago
July 5,1927	Peritonitis	17771	3 days ago
		ORALA	
	Other contributory c	auses of importance:	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory c	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

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19. UNDERTAKER

(Addrass)

state

STATE OF STA	F MARYL	AND—	CERTIFICATE OF DEATH	03057		
County Howard			Registration Dist. No. 19	1		
Village or City HOLLOSSE Length of rasidence in city or town where day	eld	(If	NoSt., death occurred in a horpital or institution, give its NAME instead of street atds. How long In U.S. If of foreign birth?yrs	Ward number) mosds.		
2. FULL NAME Louis Sar	muel Comb	s	If U. S. Veteran, specify WAR			
(a) Residence: No		7a	St., Ward. If nonresident give city or town			
PERSONAL AND STATISTIC	CAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	1		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			21. DATE OF DEATH March (Month) (Day)	, 193. 7 (Yaar)		
5a. 11 marriad, widowed, or divorced HUSBAND of (or) WIFE of Helew A. Combi	S		22. HEREBY CERTIFY, That attended INQUIRY 19 10 10 10 10 10 10 10			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 41 10 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Days 25 or arpenter	11 LESS than day,hrs.	to have occurred on the date stated above, at 3.45 RM The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Coronary Thrombosis	Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	11 Total time ((years) this 20				
12. BIRTHPLACE (city or town) Virgin	la		Other Centributary Causes of Importance:			
13. NAME B.S.Combs 14. BIRTHPLACE (city or town) (State or country) Virginia 15. MAIDEN NAME Lucy Shipe 16. BIRTHPLACE (city or town) (State or country) Va. 17. INFORMANT Mrs. A. Combs (Address) Toms Brook, Va. 18. BURIAL, CREMATION, OR REMOVAL Place Toms Brook, Va. Data April, 13, 1			Nama of operation Data of Data of What tast confirmed diagnosis? Was there an autopsy?			
			23. If death was due to external causes (VIOL ENCE) fill in also tha follo Accident, suicide, or homicide? Date of Injury Whara did Injury occur? (Specify city or town, county and Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC Manner of Injury	wing: , 19 State) PLACE.		
E C Higipho			24. Was disease or injury in any way related to occupation of dacaased	No		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

corone

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining-engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage APR 5 1937	July 5,1927	Peritonitis ,	3 days ago		
I SUSEAU V.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		•			

Add to the sale	May 6,]	19:2.7. mud	er Sual	LPIY II.	GRAWUHAU	1 suthori	71 ng	change	of	nerre	of
	wife a	ind info	mant	Bureau	of Vita	1 Statis	ics.	L.			
	3										

Date of onset

24. Was diseese or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ED	Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 2 1	937 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
l			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 113050
1. PLACE OF DEATH	1/2
County Howard	Registration Dist. No. /9/
Village or City Ellestell	No. New Carro St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Elvis Educous (a) Residence: No. Usus Cest Rood (Usual place of abodé)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write He word)	21. DATE OF DEATH May. 28 (Month) (Oay) (Yad)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended daceasad from Merch 21, 1937 to March 26, 1937
6. DATE OF BIRTH (month, day, and yearle 18, 1936 7. AGE Years months Deys If LESS than	I lest saw h. C. aliva on Much 2 , 19 12; death is said to heve occurred on the date stated above, at 6 m.
Z 8. Trede, profession, or particular	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupation (month and speak in this speak in this	alute broncho-pneumon mar 27
SAW MILL, BANK, etc 10. Dete deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Mary laws (State or country)	Other Contributory Causes of importance: Clute Falestechnel dearling march 24
13. NAME William Edward 14. BIRTHPLACE (city or town)	Warrand Carriedian
[State or country]	Name of operation Dete of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Srittil Hourson	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Stittif Hours son 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT W= Educated (Address) Educated	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, BREMATION OF REMOVAL PLACE WAY 30, 1937	Manner of injury
19. UNDERTAKER COASTON SOUS	24. Was disease or injury in any wey related to occupation of deceasad? If so, specify (Signed) M. D.
20. FILED Han 30, 19.3. 1 Registrar. If more blanks are needed, address State Registrar,	(Address) D2 wwiter calon tollers

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUPEAU Y. S.	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE FOR FUR	THER STATEMEN	NTS BY PHYS	ICIAN	
				e tel to select	

V. S. No. 1 N. B.-

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	I RECOR	Y. РНУ	Exact	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	A PER	ed E	perly	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03060
	92:09
County) Novan	Registration Dist. No. 191
Village or City Visuality Change	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John I Survey	If U. S. Veteran, specify WAR
(a) Residence: No/Ellie att Cly 17 + 10 (Vsuat place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5e. If married, widowed, or divorced HUSBAND of Thorne artella Suma	22. I HEREBY CERTIFY, That I attended deceesed from
THE 20122 1882	10.00 9 2
6. DATE OF BIRTH (month, dey, and year)	I last saw home aliva on Manager 1937; death is said to have occurred on the data stated abova, at 2
73 863 Hom 4 23 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importance
ormin.	were as follows:
S Treds, profession, or particular kind of work done, as SPINNER, Farmur SAWYER, BOOKKEPER, etc	Bronelie J'mumonie mar 22
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, farmur SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: Yalrular Austana of Heart
I 13. NAME Jacob Following	
13. NAME act to Survey 14. BIRTHPLACE (city or town) Merry Aug	Name of oparation Deta of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary P Cerry 16. BIRTHPLACE (city or town) Lemanney	23. If daeth wes dua to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) - Garage	Accident, suicide, or homicide? Dete of injury
∑ (State or country)	Where did Injury occur?
17. INFORMANT Miss Marier Gergald (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place St. John Censitrypate Mar 76, 1937	Natura of injury
Castra N	24. Was disease or Injury In any way ralated to occupation of deceased? 28
19. UNDERTAKER CHARACTER (Addrass)	If so, spacify
	(Signed) M. D. M. D. M. D.
20. FILED yar 26, 1937 John B. Long wan	(Address) Clarks rely me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County Howards.	Registration Dist. No. 192,
Village or City West Meudohys	No. St., Ward
Length of residence in city or town where death occurredyrsmo:	death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME MID ICANAMA	wer Hamelton
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warred	21. DATE OF DEATH 12 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert I Hamilton	22. March 10 1937 to March 12 1931
6. DATE OF BIRTH (month, day, and year) abul 17th 1874	I last saw h & allva on March 12 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 8:450 m.
62 10 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dete of onset
SAWYER, BOOKKEEPER, etc.	acile related 1500
work was done, as SILK MILL, SAW MILL, BANK, etc.	phelemona 3/11/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Giverly town	Other Coutributory Causes of importance:
(State or country)	Chronic muse aditio 1007
13. NAME William Mushaur	10000
13. NAME William Munsham 14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy? NO
15. MAIDEN NAME Wary & Walty	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary & Walts 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Subfit I Hamilton (Address) Sykerville MI	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Challer Liberty ton Data Mar 15th 3.7	Menner of injury
19. UNDERTAKER Payell thellaugh 1 (Address) Liberty town 1 MA	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Mar/3, 1913 Dalice It 16 ella Registrar.	(Signed) M. D. Kenville, Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1113117 8

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Arteriosclerosis Tarte CEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

f OCC	County Now							
ct statement of	Village or City_E		/		No death occurred in a hosp ds. How long			
	2. FULL NAME			Lyons	fru. s		AR	
200	(a) Residence: No.					If non	resident give city or tow	
	PERSONAL AN		1				CATE OF DEAT	Н
	m -	OR OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF I	Mar (Month)	eh 25 (Dey)	, 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pertue When Lyons		io	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 3-25, 1937					
e.	6. DATE OF BIRTH (month, da	y, end year) Z	urch 19.	1865		alive on		37; death is seid
certificat	7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.		he date stated above, at.	4.30 Ft.m.	
	8. Trede, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER.	Farm	cert	Lobar	Treunion		3-20-3-19-3
1	kind of work done SAWYER, BOOKKE 9. Industry or business as work wes done, as SAW MILL, BANK,	n which SILK MILL,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	10. Date deceased last wo this occupation (mo year)	rked at	spen	me (years)				
	12. BIRTHPLACE (city or town) (State or country)		land		Other Contributory Co			
	13. NAME Danie	1 Jusin	W Lu	ous				
Company of the last of the las	14. BIRTHPLACE (city or t (State or country)		Corke, L	Ireland	Neme of operation			of an autonsy?
carefully supplied TH in plain terms, oortant. See instru	15. MAIOEN NAME for	County sephine	Corke, L	Ireland	What test confirmed of 23. If death was due to	diagnosis? Clessic externel causes (VIOLE	Date Was ther NCE) fill in also the foll Date of injury	e an autopsy?

nt give city or town and State E OF DEATH FY, That I attended deceased from 30 A.m. uses of Importance Date of onset ____ Date of_____ Was there an autopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of Injury_______19__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of Injury Neture of Injury 24. Was diseese or injury In any wey related to occupation of deceased?_ If so, specify

17. INFORMANT

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

V. S. No. 1

m. ż

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

man:

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Cerebral hemorrhage ADR 5 1937	July 5,1927	Peritonitis	3 days ago
PUREAU V. 3.		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

11	3	1)	E		1
1	()	17	13	-	

	. PLACE OF DEATH	, 1 -		- 10%	
	County Towar	1 200		Registration Dist. No.	191
	Village or City	icott City	ND.		St.,Ward
	Length of residence in city or town where	death occurred yrs		ospital or institution, give its NAME instead of streets ong In U.S. if of foreign birth?yrs	
2.	FULL NAME	Franks V. 11	althews		
	(a) Residence: No. OFERIA	Usual place of abode		Vard. If nonresident give city or to	wn and State
	PERSONAL AND STATIS	TICAL PARTICULA	ARS ME	DICAL CERTIFICATE OF DEA	
3. S	4. COLOR OR RACE	5. SINGLE, MARRIED, W OR DIVORCED & write	the word)	Much 5 E	, 193
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of	anot work	12. I H	(Month) (Day) EREBY CERTLEY, That tal	(Year)
_	1 1 1 1 1 1 1	71- 105	Tes 20	2. 19.37, to March	V 1937
6. D	GE Years Months	1871-1821	t last saw h dies.	1-20 3	952-7-; death is sale
/. A	GE Years Months	1 day	The PRINCIPAL CA	the date stated ebove, atm. AUSE OF DEATH and related causes of Importance	20
_	8. Trade, profession, or particular	or	min. were as follows:		Date of onset
0	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	1 one	Since	Ch Meunoni	Feb 14.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)					
00	Date deceased last worked et this occupation (month and year)	11. Total time (year spent in this occupation	rs)		
12. 1	BIRTHPLACE (city or town)	sey wille	Other Contributory	Causes of Importance:	726/9
ER	13. NAME 1705 74.	Matthew		0 0 + 0 0 0 0 + 0 0 0 0 0 0 0 0 0 0 0 0	
FATHER	14. BIRTHPLACE (city or town) (State or country)	77	Name of operation	Da diagnosis?	
ER-	15. MAIDEN NAME & Cique	beth hus	1	to external causes (VIOL ENCE) fill in also the fo	
MOTHER	16. BIRTHPLACE (city or town) (State or country)			homicide? Date of injury_	
	INFDRMANT Attock (Address)	on Mate	Where did Injury of Specify whether injury	CSpecify city or town, county a ury occurred in INDUSTRY, in HOME, or In PUB	and State) LIC PLACE.
18. E	BURIAL, CREMATION, DR REMOVAL Place Menths Paryin	Ground &	Manner of Injury		
19. L	UNDERTAKER LOSTIANS (Address) 2347	18 of E		njury in any way related to occupation of deceas	ed? L
20. F	FILED March 6, 1937 Jos		(Signed)	Raux O miller	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Rin .	Example II	
The principal eause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FECEIVEL	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 App 5 1987	July 5,1927	Peritonitis	3 days ago
BURFALL V. S			
Other contributory causes of importance:	12 h	Other contributory eauses of importance:	M.,L.
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03064
1. PLACE OF DEATH /	900
County Howard	Registration Dist. No. 195
Village or City Jessulo	
(IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsnosds.
2. FULL NAME Azavah J. Oursl	es .
(a) Residence: No.	St., Ward.
(Usual place of at 8de)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, The property of the word	21. DATE OF DEATH Worth 25th 7
vo v v v v v v v v v v v v v v v v v v	(Month) (Day) (Year)
5a. If married, widowed, or divorced . HUSBAND of (or) WIFE of Wattre . Ourseles	22. A I HEREBY CERTIFY, That attended eceased from
(oi) wire of Weaton I. Goods	Jan. 12. 1937 Warel 28 137
6. DATE OF BIRTH (month, day, and year)	Hast sawh rin alive on Warch 24th 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 am.
80 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade respection or restingle	Date of onset
kind of work done, as SPINNER, Harris - SAWYER, BOOKKEEPER, etc.	Cardis-Rend Assesse 1925
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10 Date deceased last worked at	
this occupation (month and 1930 spent in this 50 year)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	8. 10.4
	Seculty - 1937.
Ŧ / · · ·	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
E 14	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or couplry)	Accident, suicide, or homicide?
R. J Quanties	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 3/27/37	Nature of injury
10 HUDGOTANGO Llayd, Kaiser	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addréss) / harrel, with	If so, specify
3/26/37 manh 8/2 1/24	(Signed) Manholitey M.D.
20. FILED 19 Resistrar.	(Address) Savage, Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APP 8 1937	July 5,1927	Peritonitis	3 days ago
PAIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

03065

1. PLACE OF DEATH	8
County Howard	Registration Dist. No. 198
Village or City Ress Cokervelle	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
B. D. B. T. L	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME/Vally / Jacy	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2
M Col DIVORCED (write the word)	Mar 12 ,193 7
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
No. 1039	, 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and yeer) / Man. /2, /9 5	I last saw harman james on james jam
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
orOmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Viewalure Hylkracestalus
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	nan Cure
work was done, as SILK MILL, SAW MILL, BANK, etc.	Some please
0 10. Date deceesed last worked at 11. Total time (yeers)	Sulform/
this occupetion (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) Contesville Her	Other Contributory Causes of importance:
(State or country)	
13. NAME Windield of Varter	
13. NAME Winfield Fronter 14. BIRTHPLACE (city or town) Cookerville New	Name of operation Rose 9 1 Date of
(State or country)	What test confirmed diagnosis? There A Lawrence A Lawrence an autopsy? WO
15. MAIDEN NAME Virginia M Dorry	23. If death was due to external causes (VIOLENCE Sit In also the following:
15. MAIDEN NAME Vir givia M Dorry 16. BIRTHPLACE (city or town) Continued M	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Where did injury occur?
17. INFORMANT Wriefield 7 Parken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR PEMOVAL	Manner of injury
Plac Varter Duryng Vrais War 12, 1937	Nature of injury
19. UNDERTAKER Facule disposal	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
100 mon Mar-12 187 6 18 mel Marine	(Signed) ! ! ! ! au woole M. D.
20. FILED J J WY To , 194 C. JULE Of Many. Registrar.	(Address) MM len Dec

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MACALI V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

0	")	1	-	1	1	12
U	()	1	1	1		3

1. PLACE OF DEATH				48)
County Howard		••••		Registration Dist. No. 190
Village or City Han	over over			No. St. Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and number)
				ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Em			е,	If U. S. Veteran, specify WAR
(a) Residence: No. H	anover			St., Ward.
DEDCONAL AND	CTATICTI	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND				21. DATE OF DEATH
Female Whit		5. SINGLE, MARI OR DIVORCED Marrie	(write the word)	MAR 3 1937 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	a.	Rode	cliffa	22. I HEREBY CERTIFY, That I tended deceased from
6. DATE OF BIRTH (month, day, an	d year) .Taa T	v 19.18	03	1 1 1 1 1 1 1 1 1 1
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 11.35 m.
43	7	14	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or partie	ular		Total and the second se	Carcinoma of Greek
SAWYER, BOOKKEEPER	PINNER, , etc	None		E Tareral about
kind of work done, as S SAWYER, BOOKKEEPER 9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked	MILL.			metastasis +
10. Date deceased last worked this occupation (month a year)	ind	11. Total ti	me (years) t in this pation	at what have not that
12. BIRTHPLACE (city or town) (State or country) Ba	Itimon	e City		Other Contributary Causes of importance:
	st Mar			-
I				
14. BIRTHPLACE (city or town). (State or country)	Baltim	ore Cit	v	Name of operation
	la Bro			What test confirmed diagnosis 2 - All Was there an autopsy?
		11229		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Marvl	ลกส้		Accident, sulcide, or homicide?
17. INFORMANT Um Cas	esten	Rad	eliffe.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	over M	a. MAD	6 1027	
18. BURIAL, CREMATION, OR REMO	Park)YIAI1	1937	Manner of injury
11800.000			, 19	Nature of injury.
19. UNDERTAKER 2700 6	of sittle	ndson	UF-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 4.19	?7(m	se &	Bird Ve	(Signed) Aller M. D. (Address) Eller Base Man
	If more b	lanks are needed, a	9.7	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state A UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, W

V. S. No. 1

Village or City New Cool City Clark Cool City Cool Cool Cool Cool Cool Cool Cool Coo	Registration Dist. No
Village or City New Control (If of Langth of residence in city or town where death occurred yrs. mos.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	
Q . (1) . C .	
The state of the s	ih
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEASH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
March 12 16 54	i last saw has an on Mer 17, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at DP m.
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vremeture Deliver
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacased last worked at this occuration (month and	(5 ms)
10. Date dacaased last worked at this occupation (month and spent in this occupation occupation this	
12. BIRTIIPLACE (city or town) Confermile And (State or compley)	Other Centributory Causes of importance:
13. NAME Aloud Smith 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation. Date of
15. MAIDEN NAME & Murtle V Johnson	23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Myttle Johnson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
(State of country)	Where did injury occur?
17. INFORMANT Cloud & Dunit	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL PREMATION, OF REMOVAL 1 100 Note 13, 1937	Manner of injury
19. UNDERTAKER Jamily disposal	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED MANUA 18, 19 & 7 & Pearl Musiu Registrar.	(Signed) M. D. D. D. M. D. D. D. M. D.

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Cerebral hemorrhage APR 2 1555	July 5,1927	Peritonitis	3 days ago
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		[EL:0)		190
County Morsaid.			Registration Dist. No. /	12
Village or City P. D. Manus Hou	ille.	No death occurred in a hospital or institut	on, give its NAME instead of stre	
Length of rasidenca in city or town where death occurred	32 yrs mos	ds. How long in U.S. if of	foreign birth?yrs	ds.
2. FULL NAME Amurda, T	Slausfu	eld.		
	place of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CE	RTIFICATE OF DEA	тн
	MARRIED, WIDOWED, PRCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193
n. If married, widowed, or divorced HUSBAND of Corp. WIFE of Lake John U. St.	an fill .	10 00	CERTIFY, That I at	tended deceased from
DATE OF BIRTH (month, day, and year)	5 1852			93 7 ; death is said
AGE Years Months Days	If LESS than	to have occurred on the date states	9115.	
85 2 10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT	H and related causes of important	
8. Trade, profession, or particular		Terminal la mone	A bassamira	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	vife.	-hosture l.	orne ribs	3-14-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Fale		3-14.
10. Data deceasad last worked at this occupation (month and	otal time (years) spent in this	gevil arlen	sulvous	2
year)	occupation	Other Contributory Causes of impo	tance:	
2. BIRTHPLACE (city or town) MNOW CO	m.			
	m.		************	
D 14	1 14			
14. BIRTHPLACE (city or town) Shift umb	te co md			te of
	11.		Was the	
01130	lorgan.	23. If death was due to external cause		- 111 77
16. BIRTHPLACE (city or town)	mi	Accident, suicide, or homicide?	Che Data of injury	0
m. 8/1 /1/6	W ray	Whera did Injury occur?	(Specify city or town, county a	and State)
INFORMANT/W. Collegateth Cow	M'hy:	Specify whether injury occurred In	ANDUSTRY, in HOME, or in PUB	LIC PLACE.
(Address) Justion, OR REMOVAL	may.	100	Br. 10	2
Place View Carnety Dato Mer	uh 25, 1937	Manner of injury Left Of Nature of Injury Local	a I love 1	ups
), UNDERTAKER Ca.M. Trans (Address)	ets.	24. Was disease or injury in any wa	y related to occupation of deceas	sed?
Sus Hav 24 1087 alies &	2 Hack	(Signed) Fent	aletast	м. р

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BINDING

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RESERVED

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